

PART B - FEE(S) TRANSMITTAL

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7590 01/12/2005

McLane, Graf, Rauerson & Middleton
Professional Association
900 Elm St.
P.O. Box 326

Adjustment Manchester, NH 03105-0326
03/05/2004 EARREGAY2 00000103 09915723
01 FC:2501

-665.00 OP



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William B. Ritchie	(Depositor's name)
	
January 27, 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/915,723	07/26/2001	Jacques Penelle	02/02/2005 LMUNDIM2 00000100 09915723	6571

TITLE OF INVENTION: MIP/QCM SENSORS FOR HIGH SENSITIVITY-FAST SENSING OF SMALL MOLECULES IN SOLUTION 700.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$35	\$0	\$35	04/12/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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SINES, BRIAN J	1743	422-156000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. William B. Ritchie

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Massachusetts

Amherst, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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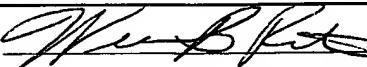
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502694 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Typed or printed name

Date January 27, 2005

Registration No. 33,118

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